

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017512

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4338

FILED MAY 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Mo.

Length of stay in 1b

OV 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR TOWN

University City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Louis State Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

1160 Wilshire

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

JENNIE

Middle

Last

COOPER

4. DATE OF DEATH

Month Day Year

April 18, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

6-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months Days

IF UNDER 24 Hrs.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Russia

12. CITIZEN OF WHAT COUNTRY

Russia

13a. FATHER'S NAME

Sidney Sobelman

13b. MOTHER'S MAIDEN NAME

Sarah ?

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Sid Cooper 1160 Wilshire

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemic, organism unknown

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

DUE TO (b)

Decubitus ulcers

DUE TO (c)

Senile brain disease

915x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female: was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-27-54

to

4-18-63

and last saw her alive on 4-18-63

Death occurred at

9:30 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Alan S. Johnson M.D.

(Degree or title)

22b. ADDRESS

5400 Arsenal St.

22c. DATE SIGNED

4-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem.

23b. DATE

4/19/1963

23c. NAME OF CEMETERY OR CREMATORY

Chased Shell Emath

23d. LOCATION (City, town, or county) (State)

University City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Benger Memorial 4715 Mc Pherson Ave.

25. DATE RECD. BY LOCAL REG.

APR 19 1963

26. REGISTRAR'S SIGNATURE

Alan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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240063

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80

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Genaro G. Gaudin
Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.